

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:26

DOCUMENT # S45590 (4)
1. Corporation Name
JC FAV, INC.

Principal Place of Business
**1905 NORTH ATLANTIC BLVD
UNIT E-9C
FT LAUDERDALE FL 33305**

Mailing Address
**1905 NORTH ATLANTIC BLVD
UNIT E-9C
FT LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1991** 3a. Date of Last Report **03/18/1994**
4. FEI Number **98-0118361** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 **26**
Suite, Apt. #, etc.
22 **27**
City & State
23 **28**
Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**FAVREAU, JEAN-CLAUDE
1905 N. ATLANTIC BLVD.
UNIT E-9C
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and then if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	FAVREAU, JEAN CLAUDE	1905 N ATLANTIC BLVD	FT LAUDERDALE FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
11	12	13	14	☐	☐
21	22	23	24	☐	☐
31	32	33	34	☐	☐
41	42	43	44	☐	☐
51	52	53	54	☐	☐
61	62	63	64	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Favar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-95

Date

Signature